

Annotated Bibliography for NKA Pain Management Seminar #1

1. Bernstein, Douglas A. and Borkovec, Thomas D. (1973). *Progressive Relaxation Training: A Manual for the Helping Professions*. Champagne, IL: Research Press. Executive Summary: Bernstein and Borkovec present a simplified version of Jacobson's Progressive Relaxation regimen, reducing his 64 muscular groups to 16.
2. Bloom, Benjamin S., et al. (Eds.). (1956). *Taxonomy of Educational Objectives: The Classification of Educational Goals - Handbook I: Cognitive Domain*. New York: David McKay Company, Inc. Executive Summary: This volume presents the research on what is now known as Bloom's Taxonomy of Behavioral Objectives. This volume creates a map of six cognitive objectives arranged in a progressive hierarchy so that the upper objectives cannot be achieved or addressed without first establishing competency in the lower objectives. The six objectives are: 1) Knowledge; 2) Comprehension; 3) Application; 4) Analysis; 5) Synthesis; and 6) Evaluation. There were two follow-up volumes detailing the research on the objectives for the Emotional [Affective] and Psycho-physical Domains.
3. Holmes, Thomas H. and Rahe, Richard H. (1967). *The Social Readjustment Rating Scale*. Journal of Psychosomatic Research. 1967 Aug;11(2):213-218. Executive Summary: Holmes and Rahe conducted a study of 5,000 psychiatric patients to discover if there was a correlation between stressful events and illness. The statistical correlation was +.118 in the original study and in follow-up studies with US Naval personnel [NB: Rahe was a Naval Officer, retiring with the rank of Captain]. There have also been cross-cultural studies conducted which also validate the original research. The Social Readjustment Rating Scale (SRRS) assigns a relative numerical stress value to various incidents that one might encounter. For example, death of a spouse is rated at 100 points, and a traffic ticket is rated at 11 points. If the total stress value is higher than 150 points, then there is a significant increase in the probability of illness. If the value is higher than 300, then illness is very likely.
4. Jacobson, Edmund. (1925). *Progressive Relaxation*. American Journal of Psychology. 1925 Jan;36(1):73-87. Executive Summary: This is the first paper on Progressive Relaxation that Dr. Jacobson published. The research for Progressive Relaxation was suggested in studies devoted to the startle reflex [or 'involuntary start'] conducted by Dr. Jacobson in 1908 at Harvard University. In this paper Dr. Jacobson first traces the historical development of the problem in the research of Wundt, Tichener, Watson, Külpe, Binet, Lange and James, and Washburn. Next Jacobson presents a simplified description of the method of Progressive Relaxation and two complete records from the research project. The final section of the paper presents Jacobson's summary of the research, which indicated by introspection that the Jacobson Effect, i.e., the presence of muscular contractions in all forms of 'thinking' and 'imagination' is confirmed.
5. Jacobson, Edmund. (1938). *Progressive Relaxation: A Physiological and Clinical Investigation of Muscular States and Their Significance in Psychology and Medical Practice - Second Edition*. Chicago, IL: The University of Chicago Press;Fourth

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impression October 1946. Executive Summary: This is Dr. Jacobson's masterwork, in which he presents a comprehensive version of the research he conducted from 1925 to 1931 on progressive relaxation. It is intended for a professional audience only and includes detailed graphs, charts, photographs, and technical terminology and concepts.

6. Jacobson, Edmund. (1964). *Anxiety and Tension Control: A Physiologic Approach*. Philadelphia, PA: J. B. Lippincott Company, 1964. Executive Summary: Published in 1964, this book was prepared for the medical specialist and the general public. The first part of the book contains information directed toward medical practitioners and employs technical concepts and terminology. The second part of the book is an instruction booklet intended for the medical practitioner's patients, with diagrams and clear instructions on how to perform Progressive Relaxation.
7. Jacobson, Edmund. (1976). *You Must Relax*. New York: McGraw-Hill Book Company, Inc.; Paperback edition published by The National Foundation for Progressive Relaxation, Chicago, IL. Executive Summary: Originally published in 1934, this book is Dr. Jacobson's first popular version of his Progressive Relaxation program.
8. Melzack, Ronald and Wall, Patrick D. (1968). *Gate Control Theory of Pain*. Pain: Proceedings of the International symposium on Pain organized by the laboratory of psychophysiology, Faculty of Science, Paris, April 11-13, 1967, New York: Academic Press, 1968; pp. 11-31. Executive Summary: Wall and Melzack present their Gate Control Theory of Pain for the first time in this article. Their thesis is that the nerve clusters which run along the inside of the spinal column act as a negative feedback controlled logic gate which permits or denies the transmission of pain signals from the peripheral nerves to the central nervous system. They suggest that the gate can be controlled by feedback from the peripheral nerves and also by feedback from the central nervous system. Feedback from the peripheral nerves acts to open or close the gate depending upon the intensity and type of signals presented to the gate. We experience this process when we first step into a tub of hot water. Initially, the signals open the gate and we experience a mildly intense painful sensation of heat. Within 5 seconds or so, however the signals tell the gate to close, and the feeling of pain subsides. Pain medications and psycho-physical self-regulation techniques like muscular relaxation and hypnosis can also regulate the activity of the gate from the central nervous system.
9. Miller, Mark A. and Rahe, Richard H. (1997). *Life Changes Scaling for the 1990s*. Journal of Psychosomatic Research. 1997 Sep;43(3):279-292. Executive Summary: Three decades ago, results from a proportionate scaling study of life change events were published in this journal. The events, listed by rank order of their mean life change values, comprised the Social Readjustment Rating Scale (SRRS). Ten years later, 42 of the 43 original events were rescaled. In this second study, an additional 44 events were added to the original list. In the present report, the original plus the later-developed events were scaled once again by persons chosen to closely approximate subjects

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enrolled in the initial study. Comparing the average life change intensity scores across 30 years, a 45% increase in mean values was seen. These recently derived life change magnitudes, for both the original list of events plus the later-developed events, provide values appropriate for use in the 1990s. In the original study, effects of subjects' demographic characteristics were noted briefly in a table. In the present investigation, varying influences of gender, age, marital status, and education were explored in more detail. Several significant differences were discovered, with gender showing a very pronounced influence on scaling results. Discussion of these results included composition requirements for a life changes questionnaire.

10. Rahe, Richard H. and Arthur, Ransom J. (1978). *Life Change and Illness Studies: Past History and Future Directions*. Journal of Human Stress. 1978 Mar;4(1):3-15. Executive Summary: A selected review of life changes and illness studies is presented which illustrates both the diversity of samples that have been tested in these studies and the generally positive results which have been obtained. Although early (retrospective) work in this field led to simplistic explanations, later (prospective) studies have begun to document the several intervening variables which occur between subjects' recent life change experiences and their subsequent symptomatology and disease. A life change and illness model is presented to illustrate key intervening variables. The authors believe that future research in the field of life change and illness should concentrate on further delineations of these intervening variables — an effort necessitating active collaboration between social and medical scientists.
11. Rahe, Richard H., Mahan, Jack L., Jr., and Ransom J. Arthur. (1970). *Prediction of Near-Future Health Change from Subjects' Preceding Life Changes*. Journal of Psychosomatic Research. 1970 Dec;14(4):401-406. Executive Summary: A prospective test of the life change and subsequent illness hypothesis was carried out utilizing virtually the entire complements aboard three U.S. Navy cruisers, 2664 men, who completed a life changes questionnaire prior to a cruise of from 6-8 months' duration. Cruise period illness data was subsequently gathered on over 90 per cent of those men sampled by questionnaire. The results, across ships, indicated a low-order, positive relationship between crew members' pre-cruise life change intensity and their number of reported illnesses throughout their time at sea. In support of previous retrospective pilot studies, a linear relationship was seen between the subjects' recent life changes intensities and their cruise period illness rates.
12. Rahe, Richard H., et al. (1972). *Psychosocial Predictors of Illness Behavior and Failure in Stressful Training*. Journal of Health and Social Behavior. 1972 Dec;13(4):393-397. Executive Summary: A unit score developed from the Schedule of Recent Experience (SRE) and the total "yes" score of the Cornell Medical Index (CMI) Health-Questionnaire were found to be valid predictors of dispensary visits made during stressful Underwater Demolition Team (UDT) training. When the SRE and CMI scores were taken together, their multiple correlation with subjects' dispensary visits was found to be significantly higher than the correlations of either one alone. Subjects' SRE scores showed highest

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correlation with those men who eventually dropped from training because of medical problems ("approved" illness behavior). Subjects' CMI scores were seen to have an unique correlation with those men who dropped from training voluntarily - often with minor illness symptoms ("unapproved" illness behavior). In addition, subjects' CMI scores showed a consistent significant correlation with failure to complete UDT training.

13. Rapaport, David. (1960). *The Structure of Psychoanalytic Theory: A Systematizing Attempt*. Psychological Issues. 1960;2(2):1-158;New York: International Universities Press, Inc.; Third printing 1969. Executive Summary: Rapaport's comprehensive monograph on the structure of psychoanalytic theory as of 1960. This monograph is Dr. Rapaport's extension of an earlier essay on psychoanalytic metapsychology, which he co-wrote with Merton M. Gill, titled "The Points of View and Assumptions of Metapsychology", 1959 where Rapaport suggests that a systematic metapsychological theory of psychoanalysis requires at least 5 points of view: 1) Dynamic, 2) Economic, 3) Structural, 4) Genetic, and 5) Adaptive. In the present work, he expands on this by adding the following points of view: 6) Empirical, 7) Gestalt, 8) Organismic, 9) Topographical, and 10) Psychosocial.
14. Selye, Hans. (1974). *Stress Without Distress*. Philadelphia, PA: Lippincott and Crowell;Paperback edition published by New American Library, New York. Executive Summary: Dr. Selye's follow-up volume to his book "The Stress of Life." In this volume he outlines various methods and techniques for reducing the impact of distress on human beings living in the modern era. Selye distinguishes between two types of behaviors: 1) Syntoxic behaviors, which are stress-reducing and life-enhancing; and 2) Catatoxic behaviors which are stress-inducing and life-threatening. He suggests that a life filled with love, altruism, and service to others will produce a consistently syntoxic lifestyle.
15. Selye, Hans. (1978). *The Stress of Life: Revised Second Edition*. New York: McGraw Hill Book Co., 1978, Originally published in 1956. Executive Summary: Dr. Selye's popularization of his theories on stress, distress, and the General Adaptation Syndrome {GAS}. The muscles, the bones, the nervous system, and the organs all respond to stress by a process of adaptation, which generally takes the form of a 10-20% overadaptation to compensate the organism for potential additional stress. This is the process which body-builders have used for millenia to increase the mass, strength and endurance of their muscles - The progressively overload their muscles using heavier and heavier weights. Dr. Selye distinguishes two kinds of stress: Eustress, which is controlled stress that does not overload the body's capacity to adapt; and Distress, which is so intense that the body cannot adapt, and begins to break down. Distress can be acute, as in the case of a blow or fall that fractures a bone, or chronic, as in the case of high blood pressure caused by emotional turmoil.
16. Thorson, Agnes M. (1925). *The Relation of Tongue Movements to Internal Speech*. Journal of Experimental Psychology. 1925 Feb;8(1):1-28. Executive Summary: Dr.

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Thorson presents the history and current research on the relationship between tongue movements, subvocal speech, and thinking. Tracing the idea back to Plato, and including scientific research conducted from the late 1800's through to 1925, she concludes that thinking is equivalent to subvocal speech. Dr. Jacobson will confirm this hypothesis completely with his research, presented in "Progressive Relaxation," published originally in 1928.

17. Woon, Tai-Hwang, et al. (1971). *The Social Readjustment Rating Scale: A Cross-Cultural Study of Malaysians and Americans*. Journal of Cross-Cultural Psychology. 1971 Dec;2(4):373-386. Executive Summary: Two hundred sixty-six Malaysian medical students were compared with 195 selectively matched Americans on the Social Readjustment Rating Questionnaire. There was a remarkable concordance (Spearman's rho ranged from .97 to .91) between the Malaysian and American samples as well as between discrete subgroups in the Malaysian sample in the manner in which they established a relative order of magnitude to changes in life events. Some interesting and profound differences resulting from cultural variations were also observed. Attitudes of the Malaysians toward infringement of laws, the idea of romantic love and thus relationship between spouses seem to differ significantly from the American sample. Malaysians scored significantly higher on items pertaining to personal habits, religious activities, attitudes toward work, and financial security. Differences among Malaysian subgroups (race, religion, sex, year of medical class, and generation Malaysian) were discussed.